

Air Force Office of Special Investigations  
Certification of Identity for FOIA/PA Requests  
**Send your request to:**  
**HQ AFOSI/XILI**  
**P.O. Box 2218**  
**Waldorf, MD 20604-2218**  
**FAX: (301) 870-1116**  
**EMAIL: [AFOSI.HQ.FOIA@ogn.af.mil](mailto:AFOSI.HQ.FOIA@ogn.af.mil)**

**WHEN FILLED IN, THIS DOCUMENT CONTAINS INFORMATION WHICH MUST BE PROTECTED IAW AFI 33-332 AND DOD REGULATION 5400.1; THE PRIVACY ACT OF 1974 AS AMENDED APPLIES, AND WILL BE USED FOR OFFICIAL USE ONLY**

Date of Request: \_\_\_\_\_

REQUESTOR: \_\_\_\_\_ Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

REQUESTOR'S ADDRESS: Street: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Under the Freedom of Information Act/Privacy Act, I am requesting a copy of the report of investigation regarding:

\_\_\_\_\_  
(Name and SSN\* of Individual)

\_\_\_\_\_  
(Your relationship to the individual involved)

\_\_\_\_\_  
(Your role in the investigation, if any)

**NOTE: Requesters are advised that some ROIs contain graphic photos (i.e., crime/death scene)**

☐ Yes, I wish to receive graphic photos if they are part of my requested documents

☐ No, I do not wish to receive graphic photos if they are part of my requested documents

**NOTE: If you wish to receive records regarding a minor, please indicate:**

☐ I am the custodial parent/legal guardian

☐ I am **NOT** the custodial parent/legal guardian

Please provide the timeframe, location, and nature of the investigation as well as any other pertinent details in the space provided below. **If you are not requesting a report of investigation, please describe below the records you are seeking.** If more space is needed, please submit an attachment with your request form.

\_\_\_\_\_  
I authorize information relating to myself be released to the following individual(s):  
\_\_\_\_\_

I declare under **penalty of perjury** under the laws of the United States of America that the foregoing is true and correct, and that I am the person named above and I understand that any falsification of this statement is punishable under the provisions of 18 U.S.C Section 1001 by a fine of not more than \$10,000 or by imprisonment of not more than five years or both, and that requesting or obtaining any record(s) under false pretenses is punishable under the provisions of 5 U.S.C. 552a(i)(3) by a fine of not more than \$5,000.

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_

**NOTE: A SIGNATURE IS REQUIRED.** Fax or mail the form OR if you can scan the form with your signature, then e-mailing it will suffice.

\*Providing the social security number of the individual to whom the request is pertaining to is voluntary. It will be used only to facilitate the identification of records. Without the social security number, we may be unable to locate records requested pertaining to your request.